

“‘I cannot quit Boston and its kindly and cultivated folk, who made my visit there so happy and interesting, without bidding it and them a word of affectionate farewell. They love the old country, though they are proud of having taken the first step to break away from it. I was with them when they celebrated the centenary of Lexington, and the remembrance had no bitterness. And if they are proud of the past, they may well be of the present, for that day I mixed with a great crowd of 150,000 New Englanders, the outpourings of the city and the gathering of the country into the villages of Lexington and Concord, and I sought for, but did not discover, one man the worse for drink. In all that vast crowd, which I may even fairly call a mob, for it was a most disorderly assembly, there were no drunkards nor roughs, and the only policemen to be seen were a few fat slouching fellows round the President, who could not, however, prevent the mob from stealing his train, so that he had to wait for another. If there had been the average English element of roughs and drunkards, such a crowd must have ended in a riot, for the people did just what they pleased without interference. They climbed on and jumped off the roofs of railway trains, clambered in at the car windows, rode on the cow catchers, surged over the roads and through the processions, and yet all in good temper, and stopping short of any positive mischief. All the day long I saw no quarrel or fight, heard no angry words even, there were no breaches of the people's peace, and the behavior of this curious crowd was to me the strongest revelation of what sobriety, culture, and self-respect may attain to in the deepest and thickest layers of the population.’”

CARLOS F. MACDONALD.

Mechanical Restraint in the Treatment of the Insane.

—The Committee on Lunacy, in their report to the State Board of Public Charities, Pennsylvania, 1885, aptly say:

“Mechanical restraints have been abundantly proven to be worse than useless, having been abolished altogether in some hospitals, with the happiest results. They are usually irritating and degrading to the insane and complicate the treatment. But they cannot be dispensed with unless the corps of attendants is ample; and we have hesitated to insist on absolute abandonment in the hospitals of the State. They are, however, more and more, working their own way out. It is not many years since this was a common mode of treatment. That there is a rapid diminution in the hospitals of this State is evidenced by the fact that, at the close of this year, with a resident population of 4,482, there were but 26 patients under mild forms of mechanical restraint—a little more than one-half of one per cent. Last year there were 38, out of a population of 4,105.”

An interesting feature of the lunacy committee's report is an appended paper upon “Progress and Tendencies in Care and Treatment of Insane During the Past Year,” as shown by “the

last reports of the various hospitals and asylums of the country, and other sources," by Dr. John B. Chapin, the able physician-in-chief and superintendent of the Pennsylvania Hospital for the Insane. Dr. Chapin's long and successful career in the field of lunacy, together with his well-known progressive, yet conservative, tendencies, lends the weight of authority to what he here says respecting the increasing disuse of mechanical restraint in American hospitals for the insane; this he attributes, partly, to the greater care which is now given to the selection and training of attendants and others engaged to care for this class, and to whose immediate custody the inmates of our public asylums must of necessity be intrusted.

There is another and equally important factor in the solution of the non-restraint problem, of which, though not directly referred to by him, it may be assumed that Dr. Chapin is fully aware, namely, a growing disposition on the part of asylum superintendents, especially the younger ones, to disabuse their minds of the notion that a standard of perfection in the care and treatment of the insane has already been attained, and that nothing further is to be sought for in that direction. Unfortunately, there are yet a few "conservatives" among the fraternity of asylum superintendents, who persist in advocating and using restraint, apparently unable to appreciate the fact, of which every superintendent who has honestly tried it is convinced, namely, that the very conditions which formerly were regarded as necessitating the use of restraint, that is, noisy, violent, and destructive tendencies, diminish in a ratio directly proportionate to the disuse of such restraint. In fact, recent experience has amply demonstrated that *non-restraint has "come to stay ;"* and the time is at hand when the advocates of restraint, the number of which is, happily, rapidly diminishing, must be regarded as the exponents of an era in asylum management which is rapidly drifting into the back-ground. The reporter would earnestly commend the following extract from Dr. Chapin's valuable paper, to the thoughtful consideration of the few remaining representatives of the restraint school:

"It might be stated, as a proposition, that, as the quality of personal attendance improves, the record will show a diminished amount of mechanical restraint, so that the latter may be regarded as in some degree a gauge or measure of the former. Not a line has been written in defense of its use or advocating mechanical restraint as a humane measure. It is probable that the American practice and views will soon be in accord with the example set by Scotch and English medical superintendents in their admirable administration. As an evidence of what has been accomplished, it was recently announced that mechanical restraint had been wholly abolished in twelve asylums, and in a larger number it was so seldom resorted to that it had practically fallen into disuse. Dr. Bryce, of Alabama, in his report refers to the marked improvement in his asylum following the total abolition of mechanical restraint. There is less noise and violence, and a better rela-

tion prevails between attendants and patients. Dr. Hurd, of Michigan, has noticed that the growing disuse of restraint has changed the relation of patient and attendant. 'Unconsciously to himself, and almost imperceptibly, the attendant has become, not so much the keeper, but the friend, companion, and nurse of the patient.' Dr. Andrews, of Buffalo, notices the tendency in asylum treatment to increase of personal freedom until now a degree of individual liberty is generally allowed, which, at a period of time within the life of the present generation, would not have been deemed compatible with safety or even possible. Dr. Chase and Dr. Bennet, of Norristown, report that they have passed the year without the use of any restraint."

Singularly, yet doubtless with no intention of making invidious distinctions, Dr. Chapin, in particularizing asylums in which the use of mechanical restraint has been totally abolished, omits to mention the pioneer, American, non-restraint institution, namely, the State Asylum for Insane Criminals at Auburn, N. Y., where the use of restraining apparatus was practically discontinued in January, 1879, and in which there has been no instance of its use for a continuous period of nearly five years. In his annual report for 1884, the medical superintendent of the Auburn Asylum refers to the subject of restraint in the following language: "Tendencies to violence on the part of patients have greatly diminished, since the total and final abolition of mechanical restraint, two and a half years ago; while that which was known as the 'refractory' ward, under the system of chains, shackles, handcuffs, camisoles, muffs, wristlets, and 'crib' beds, formerly in vogue here, has gradually changed in character, until now it may justly be classed as a 'quiet' ward, although still occupied by the 'worst' and most troublesome cases.

"It would seem that the question of mechanical restraint in the treatment of the insane, regarding the propriety of which there has been so much discussion, and even bitter controversy, is rapidly settling itself, and that the disuse of restraint may reasonably be predicted, in the near future, in every well regulated hospital for the insane. In this asylum we no longer even think of using it. In fact, a majority of our present corps of attendants have but little or no idea of its mechanism, and would be at a loss to know how to apply it were it placed in their hands for that purpose. In the light of such experience, candor compels the admission that, whereas I formerly thought mechanical restraint almost a *sine qua non* in the treatment of a certain class of cases, and so advocated, I now not only regard it as unnecessary, but I sincerely believe that such cases may be managed far better and easier without it.

"It has been said, in defense of restraint, that American superintendents are obliged to resort to it because of a greater degree of turbulence manifested by the insane of this country, as compared with that of Great Britain, where, owing to an alleged national difference in temperament, insanity assumes a quieter

and less violent type ; that, given similar conditions as regards their mental manifestations, and any intelligent American superintendent would manage his patients without restraint. This seems plausible, and, formerly, I accepted it as furnishing a rational and satisfactory explanation of the difference in practice between the two countries in the matter of mechanical restraint ; but the marked change in the demeanor of patients which I have witnessed here, as a result of an impartial trial of the non-restraint system, has led me to regard the explanation as fallacious. Under the old system, as formerly practised here, could be seen to an extreme degree, the manifestations of violence, noise, and confusion, which have been characterized as the ' American type of insanity,' while under the present methods, the ordinary condition of all the wards is one of marked order and quietude, and it may now be said that the prevalent type of insanity here is similar to that described as existing in the British asylums. Our ' disturbed ' ward has faded out, so to speak, and its departure has been followed by a gradual extension of the means and methods of occupation, embracing agricultural labor, the manufacture and repair of all shoes and slippers used by the patients, of all clothing excepting stockings, our tailor shop being manned entirely by patients ; also the manufacture of tinware, as well as glazing, carpentry, painting, etc. With these facts before us, is not the inference a fair one that the ' quiet type of lunacy ' found in British asylums is *a result* rather than *a cause* of non-restraint ? Observations made during my visit abroad last year forced upon me the conviction that in this respect, at least, our English brethren are in advance of some of us on this side of the water. But already there are numerous indications of the commencement of a new era in the care and treatment of the insane in this country, and it may safely be predicted that the not distant future will witness a marked modification in the form of construction, organization, and methods of conducting our hospitals for the insane. Even now the most ardent advocates of the old system, still more or less prevalent, are, unconsciously, perhaps, gradually diminishing the amount of restraint used, and otherwise modifying their practice in accordance with the spirit of progress which now obtains."

CARLOS F. MACDONALD.